Alcohal and Tobacco addiction among youth

536. SHRI M. RAMA JOIS: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the percentage of youth who have become addicted to alcohol, smoking cigarette and other tobacco products; and

(b) what steps have been taken to protect against moral and material abandonment of children and youth as directed by Article 39 (f) of the Constitution of India?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) The Ministry of Social Justice & Empowerment which is concerned with all "all matters relating to alcoholism and substance (drug) abuse and rehabilitation of addicts/families" as per the Allocation of Business Rules, 1961, has informed that it has not conducted any survey to ascertain the number/percentage of youth who have become addicted to consuming alcohol. The Ministry of Health and Family Welfare, whose role in the area of durg/alcohol de-addiction has only been supportive in the form of financially augmenting the medical facilities for post-abuse rehabilitation, placed the following Resolution in the last meeting of the Central Council on Health and Family Welfare held on 30.1.2009. which was adopted also:

"Resolved that a national policy be framed to control the consumption of alcohol in order to contain the harmful physiological, social and economic effects on society in general and youth in particular. Further resolved that though alcohol happens to be on the State list (List II) of the Seventh Schedule of the Constitution of India, the Health and Family Welfare Ministry of India be entrusted with the task to develop such a national policy and to implement the same in consultation with the State Governments in the interest of public health of the nation."

As mentioned in the Resolution, Alcohol being in the State List of the Constitution, the formulation and implementation of a National Alcohol Policy depends largely on the involvement of State Governments.

As regards consumption of cigarette and other tobacco products, the National Family Health Survey-3 (NFHS-3) (2005-2006) has indicated an increasing prevalence of tobacco consumption in India, with 57% male and 10.9% female reportedly consuming tobacco in some form. The Global Youth Tobacco Survey (GYTS), 2006 indicates that prevalence of tobacco consumption in the age group of 13-15 years is 14.1%.

In this connection, it may further be stated that 'The Cigarette and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003' is intended to protect Indian citizens with special attention to risk groups such as pregnant women and children in respect of their involuntary exposure to tobacco smoke, discouraging the use of cigarettes and other tobacco products and imposing progressive restriction

and taking concerted action to eventually eliminating all direct and indirect advertisement, promotion and sponsorship concerning tobacco.

Health facilities in rural areas

537. SHRI RAJNITI PRASAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what steps are taken to augment and strengthen the basic health infrastructure in rural areas under National Rural Health Mission (NRHM);

(b) whether Government would consider providing ambulances and mobile health vans in rural areas in view of the acute shortage of basic health amenities there; and

(c) what steps are being taken to ensure mandatory posting of doctors and paramedical staff in rural areas?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) For comprehensive rejuvenation of public system for delivery of quality health care services on affordable and equitable basis to citizens health infrastructure at all levels have been taken up for augmentation and strengthening under the National Rural Health Mission [NRHM]. The steps proposed by the states in this regard are appraised and approved by the Govt. of India as part of the Annual Programme Implementation Plans [PIPs] of States under NRHM. Under the mission, States have set up new health facilities, undertaken construction of new buildings besides renovation of existing facilities, installation of modern health care equipments and operationalised local management of services through the Rogi Kalyan Samitis. In order to ensure appropriate referral connectivity, transport and telecommunication facilities have been provided at the health facilities. Mobile Medical Units have been approved to improve the availability of health care services in remote areas where there are shortage of health infrastructure and amenities.

Under NRHM additional Human resource has been positioned by the States and existing staff has been multi-skilled and trained through short courses. Financial and other incentives are provided by various States to Medical Practitioners to encourage them. The gaps in availability of health HR is also being compensated through mainstreaming of AYUSH providers, block pooling of service providers, engagement with non governmental providers through contracting in for services.

Global hunger index *vis-a-vis* India

538. SHRI K.E. ISMAIL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that India has been ranked a poor 65th on Global Hunger Index for 2009 on under nourishment, child malnutrition and child mortality; and